EXHIBIT 9

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Report of Dr. Richard A. Lemen

This report is intended to express my opinions on asbestos related diseases, based on the existing scientific data base, including the epidemiology of asbestos-related diseases; the state-of-the-art of asbestos-related diseases as referenced in the medical and scientific literature; the hazardous nature of asbestos-containing products and the ability of such products to cause disease in humans; the nature of asbestos fiber types and their ability to cause disease; the fact asbestos fibers can cause disease when released from products contained asbestos; the ability of asbestos fibers to affect persons not directly working with the asbestos-containing products; the synergist effect of combining asbestos exposures with cigarette smoking; and the various methods to control exposures to asbestos and their effectiveness, including TLV, guidance limits and regulations for asbestos. The findings of this report are made based on my training and experience in studying asbestos for the last 35 years. My qualifications and experience are described in my attached CV.

Asbestos-Related Diseases

Asbestosis

Asbestosis is a chronic lung disease due to the inhalation of asbestos fibers, either of the amphibole or serpentine type, and is characterized by diffuse interstitial fibrosis and frequently is associated with pleural fibrosis or pleural calcification. X-ray changes are usually small irregular opacities occurring mainly in the lower and middle lung fields. The pulmonary fibrotic changes develop slowly over the years---often progressively, even without further exposures---and their radiographic detection is a direct correlate of their extent and profusion. In some cases, minor fibrosis with considerable respiratory impairment and disability can be present. Pulmonary hypertension is frequently associated with advanced asbestosis and the resultant cor-pulmonale (right-sided heart failure) may be a cause of death. In some asbestos-exposed cohorts this has accounted for 12 to 20% of the deaths (1,2)

highest average fibrosis grades when exposures were to average tremolite fibers less than 5µm in length [267] (Nayebzadeh,et. Al., 2001).

Conclusions and Opinions

In order to augment this report I have attached a chronological profile titled "Asbestos Timetables" which I prepare in order to place the information I have presented in this report in a perspective that can easily be viewed within the time frame in which our knowledge developed. This timeline also includes additional information concerning the early history of asbestos usage, specific occupational exposures and products from which exposures have occurred. This list is by no means all inclusive, but does give a good overview of the development of knowledge concerning asbestos usage and disease. In addition, a specific analysis of occupational exposure guidelines, TLV's® and government standards are outlined in the timetables.

Specifically, my opinions are as follows:

Asbestos is a harmful substance which can cause both disease and death;

The knowledge of asbestos' harm to humans has been known for decades;

All forms of asbestos can cause all asbestos-related diseases;

All exposure to respirable fibers contributes to the development of asbestos related disease;

Prevention methods for reducing the risk of disease among asbestos exposed persons have been known since the 1930's;

A safe exposure concentration has never been identified for exposure to asbestos for which cancer will be prevented.

Recently the World Health Organization (WHO) has reiterated their position on asbestos in a draft document which is consistent with my own opinions above. The WHO document:

> The health risks of different types of asbestos and its substitutes have been assessed by the International Programme for Chemical Safety and the International Agency for Research on Cancer. These assessments have demonstrated that: